

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90022 030 \*\*\*150.00

DOCUMENT # P01000038878



1. Entity Name  
TEN BROECK HOSPITALS, INC.

Principal Place of Business Mailing Address  
603 MAIN STREET 603 MAIN STREET  
P.O. BOX 1100 P.O. BOX 1100  
WINDERMERE, FL 34786-1100 WINDERMERE, FL 34786-1100

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3710493 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKMAN, KEVIN  
603 MAIN STREET  
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCAS	<input type="checkbox"/> Delete
NAME	DIZNEY, DONALD R	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	ENGLISH, JAMES E	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	DP / CEO	<input type="checkbox"/> Delete
NAME	DIZNEY, DAVID A	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	BARKMAN, KEVIN	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Barkman Executive Vice President 3/25/08 (407) 876-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #